

## **Supplemental Figure Legends**

### **Suppl. Figure S1. PBMC immune cells through treatment: alternative presentation**

Immune cells were monitored before, during and after iNKT infusions, as in **Fig. 4**.

Data as in Fig. 5B – D. Individual patient samples are plotted separately.

**S1A.** Dendritic cells (lineage-negative CD45+ DR+)

**S1B.** Activated CD4 T cells (CD69+) **S1C.** Treg (CD3+CD4+CD25+ FoxP3+).

### **Suppl. Figure S2. PBMC B cells through iNKT treatment: alternative presentation**

Immune cells were monitored before, during and after iNKT infusions, as in **Fig. 4**.

**S1A,B.** B cells (CD19+ lymphocytes) presented as in **Fig. 5** and **Suppl. Fig. S1**.

**S1C.** Activated B cells (CD69+ CD19+ lymphocytes) presented as in **Fig. 5**.

### **Suppl. Figure S3.**

**S3A - E.** Patient PBMC were assayed by EliSpot for iNKT cell responses to stimulation pre- and post-treatment (**Fig. 6A**). Cytokine production in EliSpot supernatants in response to  $\alpha$ -GalCer were detected by standard ELISA.

### **Suppl. Figure S4.**

Patient sera [pre- or post-treatment (within 4 weeks of last infusion), or long-term (more than 2 months after last infusion)] were tested for specific IgG reactivity against a panel of known melanoma antigens by ELISA, as previously described (41).